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**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date: 12-20-05Marianne Boland
Marianne Boland

In Re Application of:

Jokerst, *et al.*

Confirmation No.: 9028

Group Art Unit: 2633


Serial No.: 10/687,507

Examiner: Nguyen, Chau M.

Filed: October 15, 2003

Docket No. 62004-1211

For: **SYSTEM AND METHOD FOR BI-DIRECTIONAL
OPTICAL COMMUNICATION USING STACKED
EMITTERS AND DETECTORS****Amendment Transmittal Letter
Response to Office Action****Total Pages Transmitted (including cover sheet) – 13**

AMENDMENT TRANSMITTAL LETTER (SMALL)				Docket No. 062004-1211	
Applicant(s): Jokerst, et al.					
Serial No. 10/687,507	Filing Date 10/15/2003	Examiner Nguyen, Chau M.	Confirmation No. 9028	Group Art Unit 2633	
Invention: SYSTEM AND METHOD FOR BI-DIRECTIONAL OPTICAL COMMUNICATION USING STACKED EMITTERS AND DETECTORS					
Commissioner for Patents Mall Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is a Response to Office Action in the above-identified application. The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 David Rodack, Reg. No. 47,034			12-20-05 Date		

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RESPONSE TO OFFICE ACTIONMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The non-final Office Action mailed September 20, 2005 (Part of Paper No. 20050916) has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.